

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1			1			51				
2		1					52				
3		1		1			53				
4		5		2			54				
5		2		2			55				
6		2		2			56				
7		2		2			57				
8		2		2			58				
9		2		2			59				
10		2		2			60				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	16	→	16	→			TOTAL DEP.	→	→	→	
TOTAL CLAIMS	17	→	17	→			TOTAL CLAIMS	→	→	→	